

NEW JERSEY LIGHT TRAPS

Adult Mosquito Occurrence Report Summary

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
VECTOR-BORNE DISEASE SECTION
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Record # _____
(For CDHS/VBDS use only)

REPORTING AGENCY NAME : _____

AGENCY CODE: _____

AGENCY CONTACT _____

WEEK NUMBER: _____

SERVICE DATES:

From: _____

To: _____

	Traps located more than one mile inside a densely populated urban area (URBAN)		Traps located more than 1/4 to one mile inside a densely populated urban area (SUBURBAN)		Traps located outside of or less than 1/4 mile inside a densely populated urban area. (SUBURBAN/RURAL)	
	Females		Females		Females	
	Total (A)	Per Trap Night*	Total (A)	Per Trap Night*	Total (A)	Per Trap Night*
<i>Culex tarsalis</i>						
<i>Cx. quinquefasciatus/pipiens</i>						
Other Culex						
<i>Anopheles</i>						
<i>Aedes</i>						
<i>Culiseta</i>						
<i>Psorophora</i>						
Other Genera						
GRAND TOTAL						
Total Number of traps						
Trap Nights ** (B)						

* Number of females divided by the number of trap-nights (A/B).

** Sum of trap-nights from worksheet

NOTE: To be included in the current weekly summary, reports must be received no later than Wednesday of the week following collection. CDHS reports are based on weeks ending on Wednesday. To make all reports as comparable as possible, trap collections should be made on Thursday or Friday.